

For replacement ballot, mail or bring
form to:
County Clerk-Recorder
1055 Monterey Street, D120
San Luis Obispo CA 93408
(805) 781-5228

Cons _____BT_____
Precinct _____
ID # _____
Party _____

Or fax the form to:
(805) 781-1111

STATEMENT OF: LOST BALLOT

I, _____do hereby state, under
(Print Name)

Penalty of perjury, the following:

Circle One

1. I did not receive the Vote-by-Mail ballot sent to me in the mail.
2. I lost my ballot.
3. My ballot was destroyed.

Pursuant to Elections Code Section 3014, I request a second ballot be issued to me. I am fully aware of the provisions of Section 18560(b) of the Elections Code of the State of California which provides that voting twice constitutes a felony.

Dated: _____

Signature of Voter: _____

Residence Address: _____

Mailing Address: _____

☐

Check Box if this is a permanent mailing address change and you want your voter record updated with this mailing address.

☐

I wish to become a Permanent Vote-by-Mail Voter